

Case Number:	CM14-0104817		
Date Assigned:	07/30/2014	Date of Injury:	09/17/2011
Decision Date:	08/29/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female who reported an injury on 09/17/2011. The mechanism of injury was not provided. The injured worker underwent an MRI of the cervical spine with 3D reconstruction on 07/05/2013 which revealed there was a disc osteophyte complex that had progressed extending 2.3 mm posteriorly. There was no mass effect on the cord or central canal stenosis. There was moderate neural foraminal stenosis, left greater than right. The injured worker underwent a CT of the cervical spine on 04/29/2014 which revealed changes at C5-6 and C6-7. The scanned copy was of poor fax quality. The injured worker underwent a myelogram of the cervical spine on 04/29/2014 which revealed some indentation of the The injured worker is a 51-year-old female who reported an injury on 09/17/2011. The mechanism of injury was not provided. The injured worker underwent an MRI of the cervical spine with 3D reconstruction on 07/05/2013 which revealed there was a disc osteophyte complex that had progressed extending 2.3 mm posteriorly. There was no mass effect on the cord or central canal stenosis. There was moderate neural foraminal stenosis, left greater than right. The injured worker underwent a CT of the cervical spine on 04/29/2014 which revealed changes at C5-6 and C6-7. The scanned copy was of poor fax quality. The injured worker underwent a myelogram of the cervical spine on 04/29/2014 which revealed some indentation of the contrasted subarachnoid space at C5-6 and C6-7. The documentation of 06/25/2014 revealed the injured worker was having worsening of her symptoms. In addition to the left arm pain and left triceps weakness, the injured worker had right arm pain. There was left-sided cervical paravertebral muscle spasms and C7 triceps weakness at 4/5. The injured worker has associated symptoms of tingling and numbness in the 4th and 5th fingers of the left hand with decreased grip of the left hand. The injured worker was noted to have failure of a cervical epidural steroid block and the

request was made for a cervical discectomy and fusion at C6-7 with bilateral C7 foraminotomies. The diagnosis was cervical disc degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 cervical C6-7 anterior cervical fusion with iliac graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The ACOEM Guidelines indicate that a referral for a surgical consultation may be appropriate for injured workers who have persistent severe and disabling shoulder or arm symptoms. There should be documentation of activity limitation for more than 1 month or with extreme progression of symptoms. There should be clear clinical, imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and longterm. Additionally, there should be documentation of unresolved radicular symptoms after receiving conservative treatment. The guidelines further indicate the efficacy of cervical fusion for injured workers with chronic pain without instability has not been demonstrated. There was a lack of documentation of electrophysiologic evidence and documentation of flexion and extension studies to support instability. The documentation indicated the injured worker had failed conservative care. However, there was a lack of documentation that included other conservative care that was provided besides an epidural steroid injection. Given the above, the request for 1 cervical C6-7 anterior cervical fusion with iliac graft is not medically necessary.

2 day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

1 pre-operative appointment with hospital: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

1 assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.